PERTH AND KINROSS COUNCIL

Housing and Health Committee – 15 August 2012
Community Safety Committee – 22 August 2012

ALCOHOL & DRUG PARTNERSHIP (ADP) STRATEGY 2012-2015

Report by Executive Director (Housing and Community Care)

ABSTRACT
The purpose of this report is to present the Alcohol & Drug Partnership Strategy for 2012-15 which outlines the priorities and actions needed to address the current and anticipated challenges of alcohol and drug misuse in Perth and Kinross.

1. RECOMMENDATIONS

The Housing and Health Committee are asked to:

1.1 Endorse the actions in the Action Plan.

1.2 Receive regular reports on progress.

The Community Safety Committee is asked to:

1.3 Endorse the actions in the Action Plan pertaining to Community Safety Committee.

2. BACKGROUND

2.1 Alcohol and Drugs Partnerships (ADPs) are required to prepare an Alcohol and Drugs Partnership Delivery Plan (2012-2015) and an Annual Report submitted in June each year from 2012. The ADP plan needs to reflect the goals of the local ADP strategy and needs to include the following elements:

- High level summary of changes to be achieved over the three years of the plan.
- Core and local outcomes to be achieved.
- Financial investment.
- Priority actions and interventions to improve outcomes.
- Core local indicators to measure progress.

2.2 The Annual Report will include the above elements, as well as key achievements and issues, expenditure, governance and financial accountability arrangements and feedback on national support provided by the Scottish Government and a range of commissioned organisations.

2.3 This strategy reflects the requirements of the Delivery Plan and the Annual Report. Beyond this, however, it sets the journey for Drug and Alcohol Services within a context of ‘Recovery’ at both individual and community level.

In so doing, it acknowledges the interconnection between this strategy and other key strategies as they seek to reform their services and develop new relationships in the communities or 'Places' where most service users reside.

3. PROPOSALS

3.1 The core theme of the strategy is **recovery** – putting the individual at the centre of care and treatment and developing routes to recovery for them and their carers. Its philosophy is that everyone individual is capable of recovery which is about individuals improving their personal strengths and abilities to help them live well through the good and hard times. Recovery is driven by the individual but firmly based within their family and community. Recovery is most effective when families and communities help support this process.

3.2 For services this means moving from a model which is based mostly on treatment, to individuals taking responsibility for their lives. Recovery promotes improving the quality of life for an individual through recovery-supportive communities and services. Recovery offers hope, choice, empowerment and life options. It is based on acquiring core skills, natural and formal recovery support systems and developing personal and family resources. For professional staff, recovery offers a new role, that of supporting/ facilitating people through their recovery journey, while working collaboratively with, and motivating, others who may provide longer term support and reassurance.

3.3 The appendix includes the full strategy document which highlights the key issues and actions.

4. CONSULTATION

The following agencies have been consulted in the preparation of this report:

- Community Health Partnership.
- Tayside Police.
- Executive Director of Education and Children's Services.
- Chief Executive of PKAVS.

5. RESOURCE IMPLICATIONS

The resource implications of the strategy will be contained within the Alcohol & Drug Partnership (ADP) budget.

6. COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012

The Council's Corporate Plan 2009-2012 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are all relevant to this report:-

(i) A Safe, Secure and Welcoming Environment
(ii) Healthy, Caring Communities

(iii) A Prosperous, Sustainable and Inclusive Economy
(iv) Educated, Responsible and Informed Citizens
(v) Confident, Active and Inclusive Communities

7. EQUALITIES IMPACT ASSESSMENT (EqIA)

An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new and existing policies.

The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

i) Assessed as **relevant** and the following positive outcomes expected following implementation:
- Enhancing the capacity of individuals and communities to reduce their level of Substance Misuse.
- Re-focussing key services from Harm Reduction and towards motivating service users to begin their journey of recovery.
- Measuring the relative impact of key services in relation to the above outcomes.

8. STRATEGIC ENVIRONMENTAL ASSESSMENT

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).

The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and pre-screening has identified that the PPS will have no or minimal environmental effects, it is therefore exempt and the SEA Gateway has been notified.

9. CONCLUSION

The Scottish Government has clearly established the concept of 'Recovery' as the platform upon which it expects local Drug and Alcohol Partnerships to plan their services for the next 3 years.

It is this challenge, together with those of service co-ordination and performance monitoring which are the key pillars of the Perth and Kinross Strategy. New relationships will be forged with people and their families at community level.

Agencies will seek to co-ordinate their services more effectively at the level of community and the effectiveness of these partnerships and of individual services will be measured more carefully.

DAVID BURKE
Executive Director (Housing and Community Care)

Note: Declaration regarding background papers

The following background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (and not containing confidential or exempt information) were relied on to a material extent in preparing the above report – 'The Road to Recovery' published by the Scottish Government.

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Date: 23 July 2012

If you or someone you know would like a copy of this document in another language or format, (on occasion only, a summary of the document will be provided in translation), this can be arranged by contacting *(John Gilruth)*

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Alcohol and Drugs Partnership (ADP) Strategy

2012-2015

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1) Introduction

The purpose of this strategy is to outline the priorities and actions needed to address the current and anticipated challenges of alcohol and drug misuse in Perth and Kinross. The core theme of the strategy is **recovery** – putting the individual at the centre of care and treatment and developing routes to recovery for them and their carers.

Recovery Statement
Everyone individual is capable of recovery

Recovery is about individuals improving their personal strengths and abilities to help them "live well" through both the good and hard times.

Within the alcohol and drug field, Recovery is about an individual's journey beyond a life that is defined by substance misuse

Recovery is driven by the individual but firmly based within their family and community. Recovery is most effective when families and communities help support this process

This means moving from a model based mostly on treatment, to individuals taking responsibility for their lives. Recovery promotes improving the quality of life for an individual through recovery-supportive communities and services see the proposed model in (Appendix 1). It can also relate to 'place' – reflecting the much higher levels of drug and alcohol misuse in specific areas which also experience higher levels of child protection, mental health issues, offending and anti-social behaviour. It also recognises the other Christie Commission themes of prevention, people and performance are also essential in delivering a recovery focused society.

Recovery offers hope, choice, empowerment and life options. It's based on acquiring core skills, natural and formal recovery support systems and developing personal and family resources. For professional staff, recovery offers a new role, that of supporting/ facilitating people through their recovery journey, while working collaboratively with, and motivating, others who may provide longer term support and reassurance.

Recovery is a national priority, 'The Scottish Government is committed to recovery as its long term strategy to tackle Scotland's legacy of **drugs misuse**. Significantly fewer young people are using illegal drugs and placing their health and lives at risk. However, we are seeing a cohort of hard-to-reach individuals who have been using drugs for more than a decade. They are getting older and their risk of drug-related death is greater. The most at-risk group are older men, from backgrounds of deprivation and with a history of drug misuse that may have weakened their health. We know that alcohol is also a common factor in a significant number of these deaths.' [1]

[1] http://spoxy5.insipio.com/generator/sc/www.scotland.gov.uk/News/Releases/2012/02/drugs28022012

'Recovery from serious drug dependence is possible. The Road to Recovery – the Scottish Government's national drugs strategy – aims to address the distressing legacy of decades of drugs misuse.'

Hidden harm of alcohol misuse - Tackling Scotland's unhealthy relationship with alcohol is also a national priority. This affects those who drink to excess, but also affects many young people who suffer and see their life opportunities limited because of their parents' excessive drinking.

Children affected by parental substance misuse; parental misuse of drugs and alcohol has come to be recognised as a major challenge for child and family services. It is no longer a small–scale problem that can be left to specialists but rather one that every professional working with children encounters on a regular basis.

A study by Dr Sarah Galvani and Professor Donald Forrester[2] highlights higher rates of alcohol and/or other drug problems in Scotland than other parts of the UK and many other countries in Europe. (Audit Scotland 2009). The implications of this are felt throughout health and social care services and support. The recognition of the risks to children and the importance of a timely response have long been on the agenda in Scotland, receiving added focus since the publication of *Getting Our Priorities Right* in 2001 (Scottish Executive 2001). Similarly, the drugs strategy, *The Road to Recovery – A New Approach to Tackling Scotland's Drug Problem (Scottish Government 2008) also identified families and communities as a priority.* This commitment continues with the Scottish Government current alcohol strategy (2009) Changing Scotland's Relationship with Alcohol: A Framework for Action, identifying families and communities among its four key areas of focus. However, the social harms go beyond child welfare, affecting many other groups, including older people, people experiencing mental distress, people with disabilities and people experiencing domestic abuse.

Researchers from York Health Economics Consortium at the University of York carried out research on the estimated costs of alcohol misuse in 2007 (the most recent year for available data)[3]. It estimated the direct costs of alcohol misuse for services such as health care, social care and the Criminal Justice system; the indirect costs to the productive capacity of the Scottish economy due to aspects such as alcohol-related absenteeism, unemployment and premature mortality; and the wider, intangible human costs (including pain, grief and suffering) associated with premature mortality caused by alcohol misuse.

The study's main findings were:

- Health care costs, which include primary care, community-based care and hospital-based care, estimated at £268.8m (mid point) were mainly costs resulting from alcohol-related psychiatric and non-psychiatric hospital admissions.
- Estimated social care costs of £230.5m (mid point), the majority of which were generated by social care relating to children and families.

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[2] 'Social Work Services and Recovery from Substance Misuse: A Review of the Evidence' (2011) Scottish Govt Social Research

[3] The Societal Cost of Alcohol Misuse in Scotland for 2007, Sophie Beale, Diana Sanderson, Jen Kruger, Julie Glanville and Steven Duffy (Jan 2010)

- The costs of crime (midpoint £727.1m) were primarily stemming from costs as a consequence of crime.
- The cost of alcohol misuse to the productive capacity of the Scottish economy is affected through:
  - premature mortality
  - presenteeism
  - absenteeism
  - unemployment

  These costs were estimated to be £865.7m (mid point) with lost potential productivity due to premature mortality accounting for a significant proportion of these indirect costs.

- The majority of the wider costs related to human costs (e.g. pain, grief and suffering) resulting from the lost years of life due to premature mortality.

Addressing these challenges requires imagination and commitment to working across services, as well as flexibility. **The ethos of recovery and person-centred care and support, the themes of prevention and early intervention and targeted intervention are implicit and explicit in policies and plans across service areas.** This will involve statutory and non statutory services in collaboration with communities.

Our challenge is to connect them in our thinking and in our actions.

The Alcohol & Drugs Partnership (ADP) will encourage collaboration across organisational boundaries to deliver a cohesive approach to deliver the 7 core outcomes indentified later by:

- Engaging and involving local communities to address drug and alcohol issues
- Developing and delivering a range of programmes and initiatives designed to prevent or reduce alcohol and drug related harm
- Ensuring rapid access to appropriate help treatment and support for people to address their problematic substance misuse or dependence.
- The adoption of a recovery ethos to service provision
- Generating a system /community wide supports for recovery

And importantly, ensuring the implementation of the priorities and actions outlined in this strategy.

2) Links to Other Strategies

This Alcohol and Drugs Partnership Strategy does not sit in isolation. Its success will depend on a range of supporting policies and activities and it is informed and influenced by other key plans and strategies, including

- 'Changing Scotland's Relationship with Alcohol: A Framework for Action', Scottish Govt (2009)
- The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, Scottish Govt (2008)

- Getting our Priorities Right - Policy and Practice Guidelines for Working With Children and Families Affected by Problem Drug Use, Scottish Govt (2006) GIRFEC – Getting it Right for Every Child and Young Person (2012)
- Scottish Government Early Years' Strategy and Framework (2008)
- Curriculum for Excellence (2008)
- Reducing Reoffending in Scotland (2012)
- Mental Health Strategy for Scotland 2011-15
- 'Equally Well: Report of the Ministerial Task Force on Health Inequalities', Scottish Govt (2008)
- Respect & Responsibility: Strategy and Action Plan for Improving Sexual Health (2005)
- Health Equity Strategy (2009)
- Perth & Kinross Council - Early Years Strategy (2010)
- Perth & Kinross Council Integrated Children Services Plan (2011)
- Tayside Community Justice Authority Area Plan 2011 - 12

Recovery is well established in many parts of mental health and criminal justice services. It is the relationship between these, which will make the difference and most importantly how they are implemented on the ground. Whilst it is recognised that the individual has to be ready to make changes in their life and the role of the people who work with them is to help identify the factors which need to be addressed to help them embark on the recovery journey. However, because of the time this may take, there are implications for people with children and for children and families services. The impact of parental substance misuse on children needs to be assessed. Where children are deemed to be at risk of harm (emotional, physical abuse, neglect or other) the adult's recovery journey needs to be assessed as achievable within timescales appropriate to their children's age/stage of development. On a positive note, parenting can be a key motivating factor to assist the recovery process, but if parents cannot achieve this within appropriate timescales for their child, the child may need to be removed from their care and/or alternative future care plans made for them.

Research indicates best outcomes are achieved when services work with the whole family**.** This means adult and child care services need to work and communicate closely. Forrester and Harwin (2011)[4] emphasise the need for a whole family approach to the problem – not just considering adult needs or children's needs but both, together – and engaging parents who may be reluctant to work with services. This has implications for the intensity of support and partnership working which would be necessary to motivate certain adults into recovery. Therefore it's important that we move from a reactive approach to a preventive approach. This will of course require a change in ways of working and in allocation of budgets. Professor Susan Deacon (2011)[5] in her report states, 'The fact is that many of the professionally-led, largely 'top down', programmes and initiatives favoured in previous years have not achieved the results we would so like so it is just plain wrong to repeat past approaches-especially in such straitened times"

[4] Forrester, D. And Harwin, J. (2011) Parents who misuse drugs or alcohol. Effective interventions in social work and child protection. Wileys: Chichester

5 Deacon , S (2011) Joining The Dots: A better Start for Scotland's Children" Scot Government UK.

It is essential to cross reference actions between strategies. This can be seen in the PKC Early Years strategy (2010) and the Tayside Community Justice Authority Area Plan (2011 – 12) where their aims crossover with those of the ADP. In the case of the Early Years strategy with its focus upon children in their early years extends to those affected by substance misuse. The CJA aims to reduce alcohol and drugs related offending through supporting diversionary approaches, thereby reducing the impact on communities. Both strategies resonate with the core elements of the ADP strategy.

3) Alcohol and Drugs Partnership Delivery Plan and Annual Report

Alcohol and Drugs Partnerships (ADPs) are required to prepare an Alcohol and Drugs Partnership Delivery Plan (2012-2015) and an Annual Report submitted in June each year from 2012. The ADP plan needs to reflect the goals of the local ADP strategy and needs to include the following elements:

- High level summary of changes to be achieved over the three years of the plan
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The Annual Report will include the above elements, as well as key achievements and issues, expenditure, governance and financial accountability arrangements and feedback on national support provided by the Scottish Government and a range of commissioned organisations.

This strategy will reflect the requirements of the Delivery Plan and the Annual Report.

4) Our Vision

We want to ensure the health and well being of children, young people and adults is not damaged by alcohol and drugs and people achieve a sustained recovery from problem alcohol and drug use. In so doing, we will achieve the positive outcome that individuals and communities affected by alcohol and drug use feel safer. We will do this by the following:

'To promote a healthy and responsible attitude to alcohol with an emphasis on recovery - achievable for people and communities affected by drugs and alcohol'.

Overall our key aims are to:

- Celebrate the positive impact of recovery on individuals and communities;
- Support communities to support themselves;
- Target specific groups affected by drugs and alcohol and support frontline services to review and refocus their work to these individuals and areas;
- Ensure appropriate support and services for children and young people affected by parental misuse;
- Ensure we address cross-cutting issues (complex needs) affecting many individuals – mental health, criminal justice, homelessness, unemployment;
- Create capacity in professional services to support community engagement to promote a preventive agenda; and
- Ensure that there is a clear focus on addressing the whole population approach to alcohol and cultural change.

There are **7 core national outcomes** identified for Alcohol and Drug Partnerships (ADPs) and this strategy has been developed to reflect these. We will report our successes based on each one. These are:

1. Health	People are healthier and experience fewer risks as result of alcohol and drug misuse;
1.1 Local Outcome	More people are healthier and experience fewer risks as a result of alcohol and drug misuse;
2. Prevalence	Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others;
2.1 Local Outcome	Fewer adults and children are drinking or using at levels or patterns damaging to themselves or others;
3. Recovery	Individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use;
3.1 Local Outcome	More individuals are improving their health, well being and life chances by recovering from problematic drug/alcohol use;
4. Families	Children & family members of people misusing alcohol and drugs are safe, well-supported & have improved life chances;
4.1 Local Outcome	More children and family members who are affected by alcohol and drugs are safe, well supported and have improved life chances;
5. Community	Safety Communities & individuals are safe from alcohol and drug-related offending and anti-social behaviour;
5.1 Local Outcome	More communities and individuals are safe from alcohol/drug related offending and anti social behaviour;
6. Local Environment	People live in positive, health promoting local environments where alcohol and drugs are less readily available;
6.1 Local Outcome	More people live in a positive, health promoting local environment where alcohol and drugs are less readily available;
7. Services	Alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery; and
7.1 Local Outcomes	All alcohol and drugs prevention, treatment and support services are high quality. They are continually improving, evidence based and responsive to people moving through treatment into sustained recovery.

5) Place

The Christie Commission[6] on public sector reform says that radical change is needed to tackle deep rooted social problems that exist in communities. The only way to resolve this is working differently, in partnership and by focusing on prevention and being more responsive to the needs of individuals and communities. The key findings include:

- Public services in need of urgent & sustained reform to meet unprecedented challenges;
- Pressures on budgets intense, economic downturn set to continue, social pressures, demographic challenges;
- Inequalities account for a significant element of increasing demands on public services;
- Need to tackle deep-rooted social problems that persist in communities;
- Need to do this from bottom-up. Top-down can be unresponsive to needs of individuals and communities; and
- Effective services must be designed with and for people and communities; and
- Working closely with communities to understand their needs, maximise talent, support self reliance & resilience.

The Government, in response to the Christie Commission's recommendations, set out the reform of public services around four pillars: prevention, people, performance, and place.

Prevention - *"[By ensuring both voluntary and] public services organisations prioritise prevention, reduce inequalities and promote equality;"*

People - *"[By ensuring both voluntary and] public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;"*

Performance - *"[By ensuring both voluntary and] public service organisations work together effectively to achieve outcomes – specifically, by delivering integrated services which help to secure improvements in the quality of life, and the social and economic wellbeing, of the people and communities of [Perth & Kinross] Scotland;"*

Place - refers to a greater focus on 'place' to drive better partnership, collaboration and local delivery need to be person-centred where things are done for and with people, encouraging ownership and empowerment, driving better partnership, collaboration and local services.

According to a recent study by the Scottish Government's Improvement Service [7]a substantial amount of Scottish public spending (perhaps 40%) is spent on preventable negative outcomes in individual and community lives. The solution is prevention or early intervention that stops these negative outcomes occurring or reduces their impact on people's lives, as well as local, integrated public services. The factors that lead to negative

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6 http://www.scottishthroughcare.org.uk/docs/research/Commission_on_Future_Delivery_of_Public_Services_-_Summary_Document.pdf

7 Making Better Places: Making Places Better – The Distribution of Positive and Negative Outcomes in Scotland, (2011) Colin Mair, Konrad Zdeb & Kirsty Markie

outcomes are complex so cannot be addressed by any public agency on its own. If we are concerned with 'outcomes' then we are concerned with people's lives, their living contexts and their opportunities and aspirations in life. Public services cannot 'do' positive outcomes to people or communities. At best, they can support them to pursue and achieve positive outcomes in their own lives. The focus of the "Place" agenda will be on areas with concentrations of need and upon adults and families with complex needs.

6. Changing the Culture of the Workforce: Training and Development

Such a radical change in focus and emphasis will need significant changes in workforce training and development. One of the implications of the recovery model is that statutory health and social care services will not necessarily be seen as the first point of contact, but may be more of a safety-net when needs cannot be met within and by the local community. This concurs with GIRFEC (Getting it Right for Every Child) which required a timely and proportionate approach, making best use of universal services in the first instance. Importantly for professional staff, individuals will need to be empowered and engaged, rather than cured.

The recovery journey needs to be owned by the individual, their families and their communities. Training is therefore needed for a wider group beyond professionals who work within substance misuse. This will include community activists and peer mentors introducing a collaborative approach to training. This will mean a move from ownership to partnership will mean working across areas, involving for example, housing and employment services and peer mentors, and will require different skills and new ways of working for staff. The action plan in the appendix includes some key actions for learning and development, changing organisational cultures.

7. Current Position

Profile

This profile compiles easily accessible and available information, from a range of national (and local) sources, relating to drugs and alcohol. These include routine data sources and surveys. The aim of this profile is to provide an overall picture of substance misuse within Perth & Kinross (where possible) compared to Tayside and Scotland, to support local policy, planning and service delivery and to identify and monitor trends.

7.1 Alcohol Consumption and Drug Use Prevalence

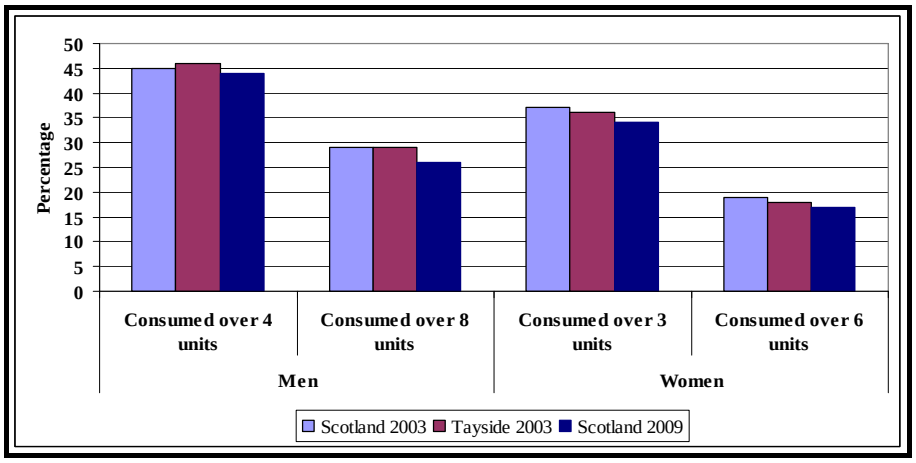
Figure 1 shows the percentage of adults in Tayside and Scotland who drank over (and more than twice) the recommended daily limits (4 units for men and 3 units for women) on their heaviest drinking day in the week prior to the survey. Data for 2003 is compared to results found from the 2009 Scottish Health Survey.

In 2003, the proportion of adults in the general population exceeding daily limits in Tayside was very similar to that of Scotland as a whole with 46% of men and 36% of women drinking above safe limits and 29% of men and 18% of women consuming more than twice recommended limits (or 'binge' drinking) on their heaviest drinking day. Results from the 2009 Scottish Health Survey suggest that the proportion of adults 'binge' drinking has decreased over time.

In a similar manner, the national average weekly alcohol consumption has decreased between 2003 and 2009. For men, the mean weekly consumption in 2003 was 20.3 units for Scotland and 20.5 units for Tayside compared to 17.5 in 2009. For women the figure fell from 9.1 units in 2003 for Scotland and 8.6 units in Tayside, to 7.8 in 2009.

Alcohol consumption by age and deprivation (using the Scottish Index of Multiple Deprivation or SIMD) was analysed in detail in the 2009 survey. Mean weekly consumption by age group shows a slightly different pattern compared to 'binge' drinking by age group. The results suggest that older age groups tend to spread their drinking out more throughout the week, drinking less on more days while younger people drink on fewer days, but drink at high levels on these days.

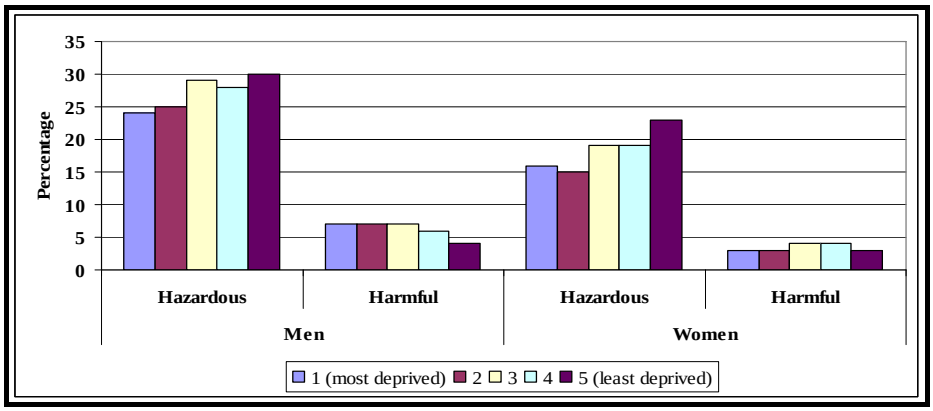
Figure 1: Percentage of adults (aged 16+) who drank over the recommended daily limits; Tayside and Scotland 2003 compared to Scotland 2009



Source: Scottish Health Survey 2003 & 2009

A larger proportion of those living in the most deprived areas of Scotland in 2009 reported not drinking at all in the week prior to the survey compared to those living in the least deprived areas. In addition, adults in the least deprived areas were more likely to exceed daily benchmarks for sensible drinking than those in more deprived areas. Figure 2 depicts weekly alcohol consumption across Scotland by deprivation category (SIMD quintile).

Figure 2: Estimated weekly consumption level by drinking category[1] by gender and SIMD derivation quintile, age standardised, Scotland 2009



1 – 'Hazardous' drinking is defined as over 21 units a week for men and 14 units for women whilst 'Harmful' is over 50 units for men and 35 units for women

Source: Scottish Health Survey 2009

Both men and women living in affluent areas were more likely to drink hazardously than those in less affluent areas however this pattern is reversed for men when looking at those drinking harmfully with 4% in the least deprived quintile drinking more than 50 units per week on average compared to 7% in the most deprived.

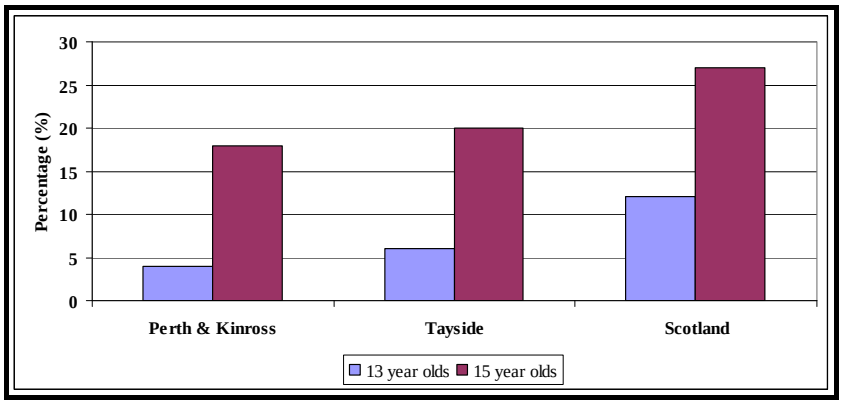
7.2 Alcohol Consumption – Children and Young People

Alcohol consumption and experiences are drawn from The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). The most recent survey to contain data for Perth & Kinross as well as Tayside and Scotland, was conducted in 2010.

All pupils were asked whether or not they had ever had a 'proper alcoholic drink, a whole drink, not just a sip'. In Perth & Kinross, 42% of 13 year olds and 80% of 15 year olds reported that they had had an alcoholic drink. This was similar to the proportions shown across Tayside and indeed Scotland as a whole, however compared with 2006, was a marked decrease. Under a third (29%) of 15 year olds reported having a drink in the last week.

Figure 3 shows the frequency of drinking reported by 13 and 15 year olds in the SALSUS 2010 report and compares Perth & Kinross to Tayside and Scotland. The proportion of pupils of both ages in Perth & Kinross who drank alcohol at least once a week is lower to that shown across the country as a whole.

Figure 3: Percentage of pupils that reported having an alcoholic drink at least once a week 2010



Source: SALSUS 2010

Among those pupils who had drunk alcohol, the average age when they had first drunk more than a small amount of alcohol was 12 years old. Six percent of 13 year olds and 21% of 15 year olds reported spending up to £20 a week on alcohol.

All pupils who had ever had an alcoholic drink were asked whether they had ever been drunk. Figure 4 compares the percentage of pupils in Perth & Kinross, Tayside and Scotland who had been drunk at least once. Forty-nine percent of Perth & Kinross pupils aged 13 and

74% aged 15, had ever been drunk. This was a slight increase on the proportions found in 2006 but this is possibly due to a change in the phrasing of the question from 'ever been **really** drunk' to 'ever been drunk'.

Figure 4: Percentage of pupils that reported ever having been drunk 2006 and 2010

Source: SALSUS 2006 & 2010

7.3 Drug Use Prevalence

This section explores the prevalence of drug misuse in both adults and children at both a local and national level. The results are gathered from two surveys - "Estimating the National and Local Prevalence of Problem Drug Use in Scotland" and the SALSUS survey discussed earlier. Information on drug use can also be accessed from the Scottish Crime and Victimisation Survey although no data from that study has been included here.

Figure 5 summarises the estimates of the prevalence of problem drug misuse in Perth & Kinross compared to Tayside and Scotland. It is estimated that there are 59,600 problem drug users in Scotland as a whole, with 8.4% of these being in Tayside. The prevalence rate in Scotland is 1.71%, lower than the Tayside rate of 1.92%. Within Tayside, Perth & Kinross (1.18%) had the lowest rate of the three council areas and the prevalence was also lower than the overall Scotland rate.

Figure 5: Estimates of the number of problem drug users (aged 15-64 years) in Tayside and Scotland

	Number	Prevalence rate (%)
Perth & Kinross	1,200	1.18
Tayside	5,000	1.92
Scotland	59,600	1.71

Source: National and Local Prevalence of Problem Drug Use in Scotland 2009/10

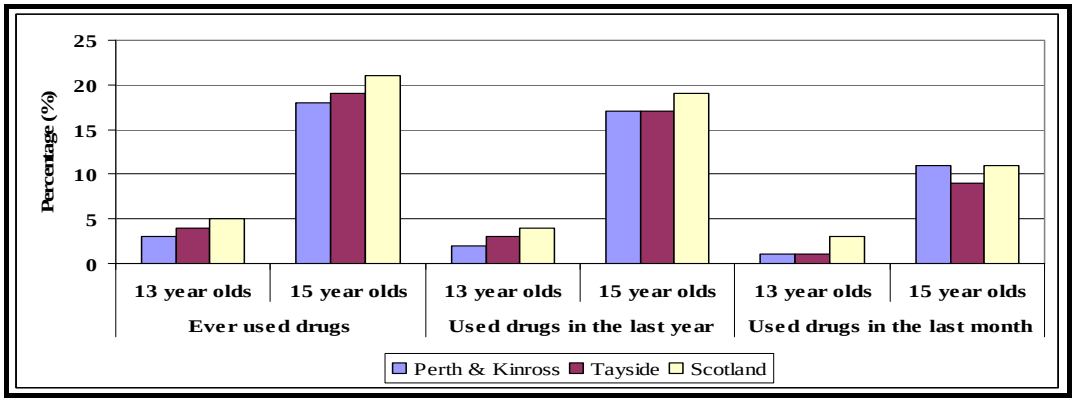
The prevalence rate of drug injectors in Tayside is considerably lower than that of Scotland at 0.49% compared to 0.71%. Within Tayside however, only a small proportion (15.4%) of the estimated injectors were in Perth & Kinross with a prevalence rate of 0.21%.

7.3.1 Drug Use Prevalence – Children and Young People

The percentage of pupils who reported having taken drugs in the month prior to the SALSUS survey can be used to monitor trends in the prevalence of drug use. Nationally, information on drug use has been collected since 1998 and until 2002; there had been no noticeable change in the prevalence. Between 2002 and 2006, there was a significant decrease in prevalence of drug use in the last month among both age groups and both sexes. The 2008 figures remained relatively stable on the 2006 figures with prevalence decreasing only among 13 year old boys. Since 2008, prevalence has decreased further only among girls.

Figure 7 compares the percentage of pupils in Perth & Kinross, Tayside and Scotland who had ever used drugs, used drugs in the last year and used drugs in the last month. Three percent of Perth & Kinross 13 year olds and 18% of 15 year olds had ever used drugs. Of these, 1% of 13 year olds and 11% of 15 year olds had done so in the month prior to survey. This was lower than the proportion shown across Scotland.

Figure 7: Percentage of pupils reporting using drugs ever, in the last year and in the last month 2010



Source: SALSUS 2010

7.4 Alcohol Availability – Children and Young People

Pupils who had ever had an alcoholic drink were asked by the SALSUS survey, 'If you buy alcohol, where do you usually buy it?' Around half (52%) of those Perth & Kinross pupils who had had an alcoholic drink reported that they 'never buy alcohol'. The most common sources for purchasing alcohol by pupils in Perth & Kinross were from a friend/relative (38%), from a shop (8%), from an off-licence (4%) and from a supermarket (4%).

Pupils were also asked whether they had bought or tried to buy alcohol from various sources in the 4 weeks prior to survey. Figure 8 shows the results for Perth & Kinross pupils.

Figure 8: Percentage of pupils buying or attempting to buy alcohol from various sources in 4 weeks prior to survey

		13 year olds	15 year olds	Boys	Girls
Alcohol from a shop, supermarket of off-licence	Yes, bought alcohol	2%	8%	9%	3%
	Yes, tried to buy but refused	-	2%	1%	1%
Alcohol in a pub, bar or club	Yes, bought alcohol	1%	6%	4%	5%
	Yes, tried to buy but refused	-	2%	1%	2%

Source: SALSUS 2010

Nine percent of 13 year olds and 32% of fifteen year olds had asked someone else to buy alcohol for them in the four weeks prior to survey. These were considerably lower proportions than reported in the previous survey.

7.5 Drug Availability – Children and Young People

Twenty-eight percent of all pupils surveyed by the SALSUS in Perth & Kinross reported that it would be easy or fairly easy to get drugs. In order to estimate the number of pupils who had been offered drugs, the SALSUS survey gave pupils a list of drugs, and their street names, and asked whether they had been offered each drug on the list. Figure 9 compares the proportions of pupils offered drugs within Perth & Kinross, Tayside and Scotland. The proportion of Perth & Kinross pupils offered drugs was slightly lower of that shown across the rest of Tayside and lower again than Scotland as a whole. In addition, boys were more likely to have been offered drugs compared to girls in Perth & Kinross and there was a fairly large decrease between 2006 and 2010. The drug most commonly offered was cannabis.

Figure 9: Percentage of pupils ever offered drugs 2010

	13 year olds	15 year olds	Boys	Girls
Perth & Kinross	13%	33%	26%	20%
Tayside	15%	37%	28%	24%
Scotland	16%	42%	32%	26%

Source: SALSUS 2010

Pupils, who had used drugs in Perth & Kinross, were asked where they had obtained drugs from on the last occasion they had used them. The most frequently reported sources were a friend of the same age (33%), an older friend (27%) and a stranger (10%).

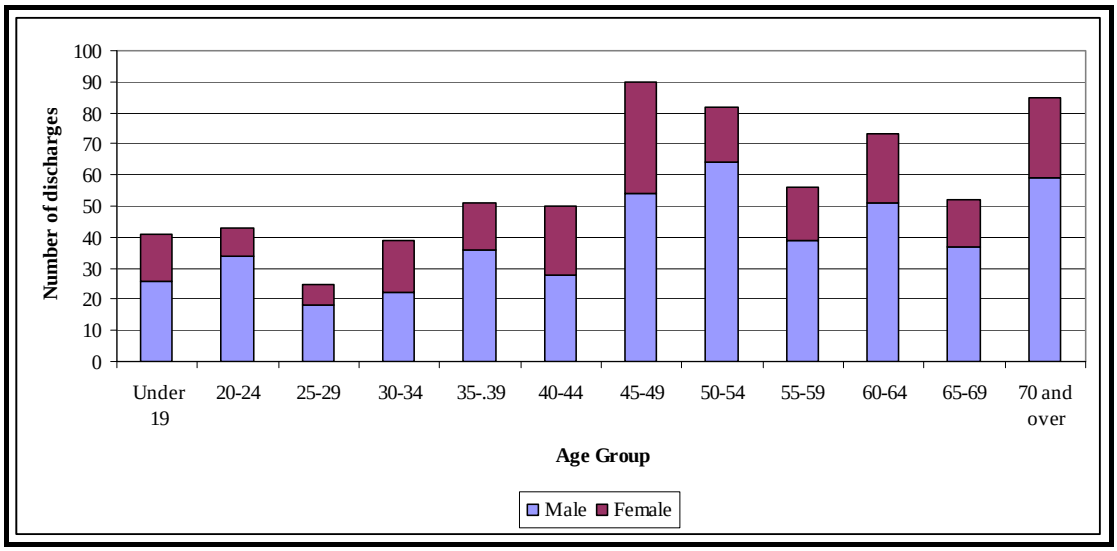
7.6 Alcohol related Hospital Discharges

Tackling alcohol related harm is one of the Scottish Government's key public health priorities. Alcohol related hospital discharges give a measure of the amount of harm to physical and mental health that alcohol misuse is causing.

In 2010/11, there were 687 alcohol related hospital discharges by Perth & Kinross residents, showing a 2% decrease since 2009/10. Over two thirds (68.1%) of the discharges were males and as shown by Figure 11, the largest proportion was in the 45-49 age group. The older

age groups as a whole made up the majority of the discharges. This is a contrast to the demographics of those attending A&E with an alcohol diagnosis.

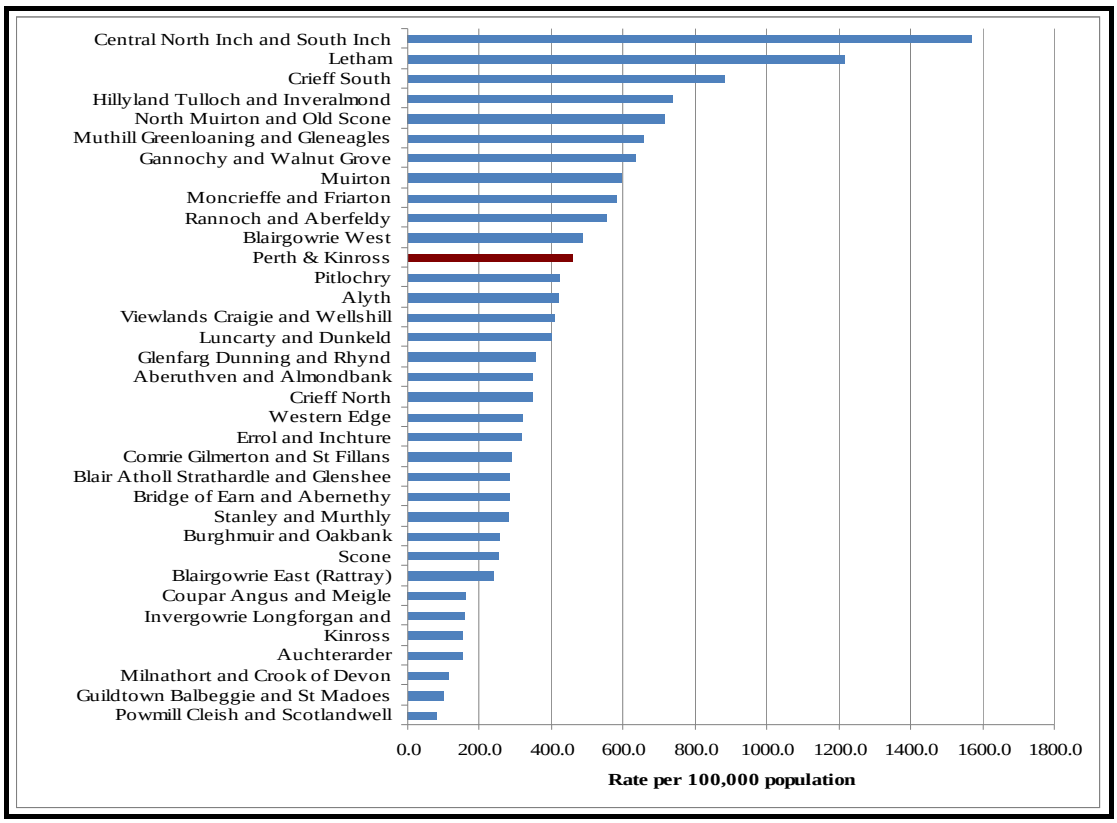
Figure 11: Perth & Kinross alcohol related acute hospital discharges 2010/11



Source: SMR01

Comparisons of alcohol discharge rates across Perth & Kinross can be made by examining intermediate zones as shown by Figure 12. In 2010/11, the overall Perth & Kinross discharge rate was 456.6 per 100,000 population but varied from 81.2 per 100,000 population in Powmill, Cleish and Scotlandwell to 1,571.5 in Central, North Inch and South Inch.

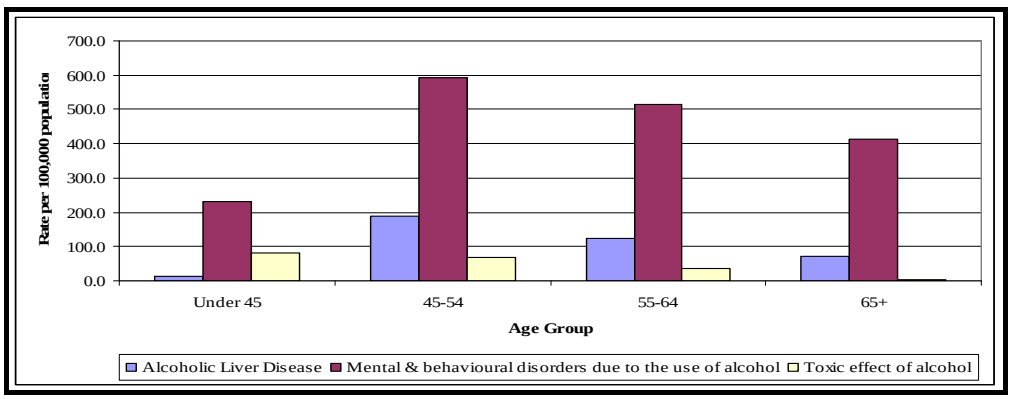
Figure 12: Perth & Kinross alcohol related acute hospital discharge rates by intermediate zone 2010/11



Source: SMR01

Over three quarters of alcohol related discharges in 2010/11 had a diagnosis of 'mental and behavioural disorders due to the use of alcohol'. Other common diagnoses for alcohol related discharges were the 'toxic effect of alcohol' and 'alcoholic liver disease'. Figure 13 compares the discharge rate for these specific diagnoses by age group. Mental and behavioural disorders and alcoholic liver disease discharge rates were higher in the older age groups reflecting their long term effects on health whereas alcohol poisoning was more common in the younger age groups.

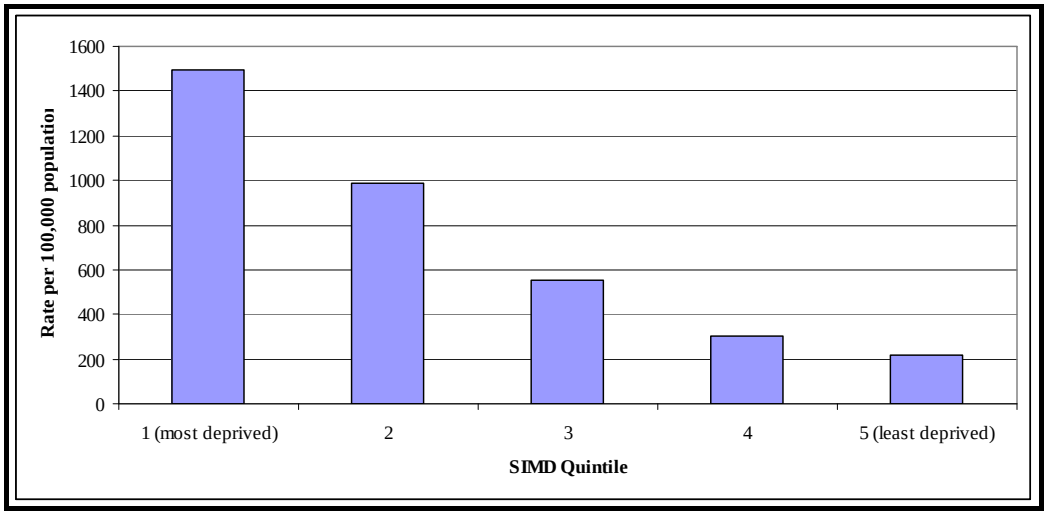
Figure 13: Perth & Kinross alcohol related acute hospital discharge rates by age and diagnosis 2010/11



Source: SMR01

Figure 14 shows the relationship between alcohol related hospital discharges and deprivation. A clear inequality gradient exists, with individuals from the least affluent areas showing a higher discharge rate per 100,000 population. This is similar to the pattern shown by presentations to A&E. Comparing the deprivation and hospital attendances/discharges with the alcohol consumption patterns by deprivation category in Figure 2, it is clear that although people from the least deprived areas consume just as much or more alcohol than those living in the most deprived areas, individuals from deprived areas are more likely to develop health problems due to their alcohol consumption.

Figure 14: Perth & Kinross alcohol related acute hospital discharge rates by SIMD quintile 2010/11



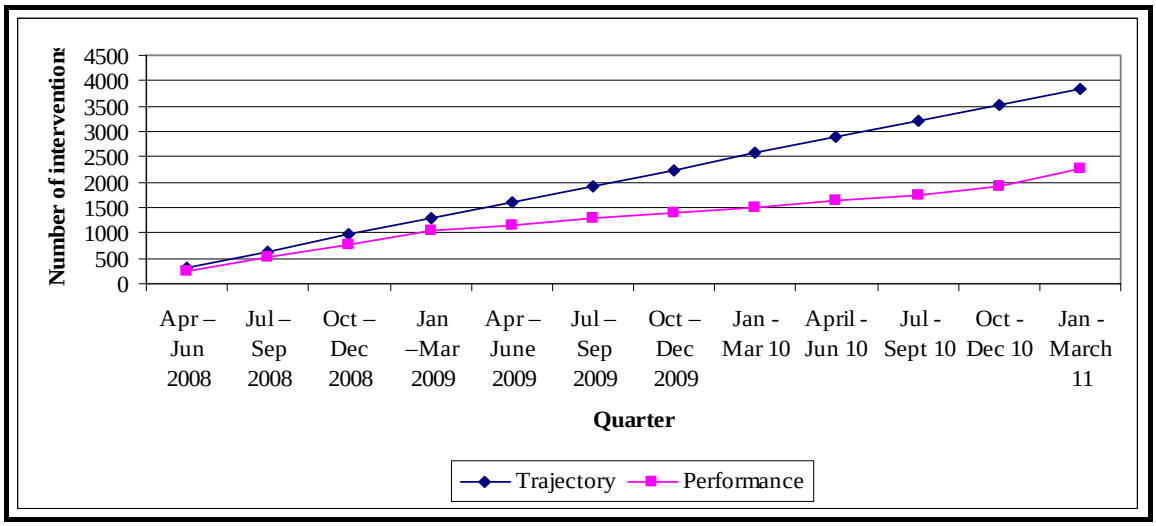
Source: SMR01

7.7 Alcohol Brief Interventions

A high incidence of individuals who come through primary and secondary care settings are known to present with alcohol related problems but are not dealt with in a preventative way. As a result, the Scottish Government included brief interventions as a HEAT target in 2008/09 to provide an opportunity for the NHS to intervene and deal with the associated alcohol problem in an opportunistic manner.

Figure 15 shows the progress that Perth & Kinross made toward the 2010/11 target. Only 2,255 interventions had been carried out by 31st March 2011 compared to the expected number of 3,851.

Figure 15: Perth & Kinross progress towards HEAT: H4 Alcohol Brief Interventions target



Source: Alcohol Programme Manager

7.8 Access to Alcohol Services

In April 2010, the Scottish Government introduced a HEAT target for drug treatment waiting times and this was expanded to include alcohol waiting times from April 2011. The HEAT target measures the waiting time from the time a referral is received by a service until the client starts treatment.

The target is that by March 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment. However, the Key Performance Indicator for March 2012 is that 90% of drug and alcohol clients will commence treatment within 5 weeks of referral and no clients will wait more than 10 weeks.

In the quarter April to June 2011, 77 clients began alcohol treatment in Perth & Kinross. Ninety percent of which did so within 5 weeks of referral. At the end of the quarter, 46 clients were still waiting to start their appropriate treatment. Eleven percent of these had been waiting longer than 8 weeks.

7.9 Service Contact – Drugs

Findings from the Scottish Drugs Misuse Database

The Scottish Drugs Misuse Database (SDMD) offers a profile of drug misusers based on reports submitted on individuals when they first attend a service for assessment of their drug misuse problems. The information presented relates to new patients/clients. In 2008, the method of submission of SMR25 forms moved from paper-based to electronic. Due to issues with use of the web-based system in Tayside, the data presented here is from 2008/09 and should be interpreted with caution.

In 2008/09, 262 'new' individuals were reported to the SDMD in Perth & Kinross corresponding to a rate of 217 per 100,000 of the Perth & Kinross population. This was higher than in previous years which could be considered to be a positive result rather than

negative. Over half (54%) of individuals were referred by Criminal Justice, 14% of individuals self-referred to specialist drug services and 13% were referred by a 'Health' source (includes GP, mental health, primary care and other). Over half (53%) of those Perth & Kinross clients reported to the SDMD were aged under 30 years, the median age being 29 years.

The personal circumstances of the drug user seeking treatment or advice from services can influence the individual's motivation for seeking help and the extent to which the service can contribute to a change in drug taking behaviour. Information on employment status, current living arrangements and accommodation, source of funding and average amount spent on their drug use, and the individual's current legal status are potentially relevant factors and are collected by the SDMD.

Over three-quarters (79%) of individuals from Perth & Kinross in 2008/09 were unemployed and seventy-two percent of individuals said that their drug use was funded by benefits. Over four fifths (84%) of individuals reported that they lived in owned or rented accommodation at the time of presentation and 15% reported that they were homeless (includes those reporting living in temporary or unstable accommodation). Twenty-nine percent of individuals lived on their own, 21% lived with their parents and 32% with a spouse/partner. Forty-three percent reported that they had dependent children under the age of 16 years old.

Of those reporting illicit drug use, 71% reported using heroin, 38% reported the use of diazepam and 26% reported cannabis. Twenty-nine percent also drank alcohol every day. Twenty-four percent of all individuals (for whom information is available) reported that they had injected in the month prior to seeking treatment and 49% had never injected. Eighty-five percent of current injectors reported that they had never shared needles/syringes. Of current injectors, 48% reported that they had been tested for Hepatitis B, 49% for Hepatitis C and 47% for HIV prior to seeking treatment.

7.10 Drug Misuse and Treatment in Scottish Prisons

Addiction Prevalence Testing (APT) was introduced in 2007 to evidence progress towards the Offender Outcome of 'reduced or stabilised substance misuse'. A 5% sample of prisoners entering into custody are tested twice a year for the prevalence of illegal drugs and similarly 5% of those leaving custody are randomly tested for drugs to assess the positive impact of prison addictions interventions.

Of the 1,093 individuals tested entering prison in November 2009 and February 2010, 56% tested positive for illegal drugs (mostly opiates, benzodiazepines and cannabis). On liberation, 701 individuals were tested across Scotland and 17% tested positive for illegal drugs. Within Perth prison, 82% of the 169 individuals entering and 27% of the 69 leaving, tested positive for illegal drugs.

Information on interventions carried out within prisons is available from The Scottish Prison Service. In 2009/10, over half of prisoners (10,870 of 21,011) attended the National Harm Reduction Awareness Session on Admission and 11,722 one-to-one motivational support sessions were delivered.

A snapshot of the number of prisoners prescribed methadone has been taken each December from 2005 to 2009. On 11th December 2009, it was found that 21% of prisoners across Scotland were being prescribed methadone.

The twelfth annual Scottish Prison Survey took place in 2009. Results of the survey showed that 22% of prisoners reporting using illegal drugs in prison in the previous month. The most common drugs reported to be used in prison were heroin, cannabis and benzodiazepines. Three percent of those who reported using drugs also reported injecting. Of those who injected, 71% shared injecting equipment.

7.11 Access to Drug Services

In the quarter April to June 2011, 34 clients began drug treatment in Perth & Kinross. Ninety-one percent of which did so within 5 weeks of referral. At the end of the quarter, 58 clients were still waiting to start their appropriate treatment. Twelve percent of these had been waiting longer than 8 weeks.

7.12 Alcohol Related Deaths

Alcohol related deaths may be counted in two different ways. The current UK definition reports on the underlying cause of death, in other words, the disease or injury which initiated the chain of morbid events leading directly to death. This definition is generally used for reporting high level trends in mortality data for national and international statistics. However, it does not include deaths where an alcohol related condition was recorded as a contributory factor but was not selected as the underlying cause. A broader definition of an alcohol related death includes all deaths for which where there is 'any mention' on the death certificate of an alcohol related condition.

Figure 16 shows the pattern of Perth & Kinross alcohol deaths over the last 32 years where alcohol was the underlying cause of death and shows, despite some fluctuations, an increase over time.

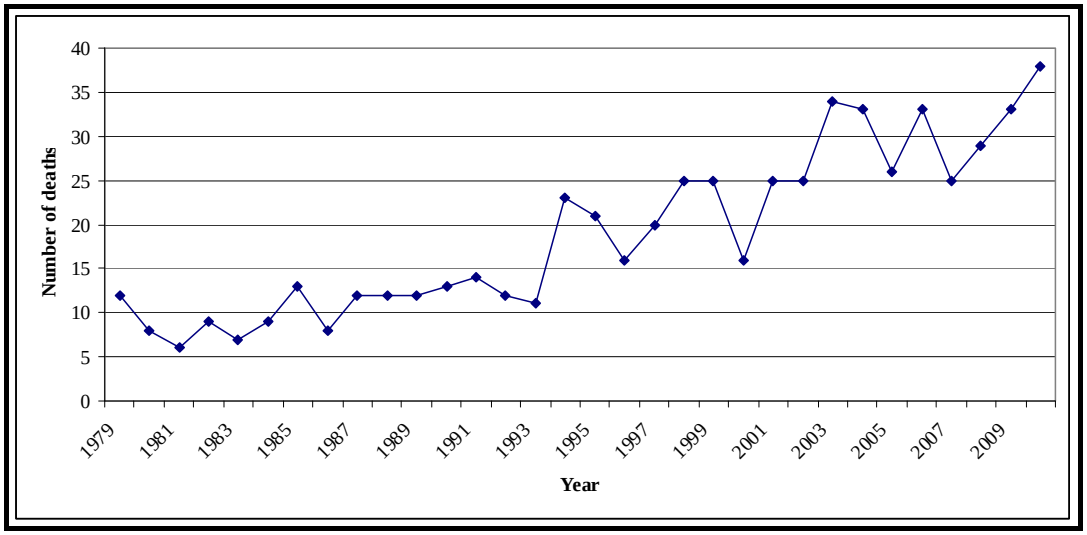
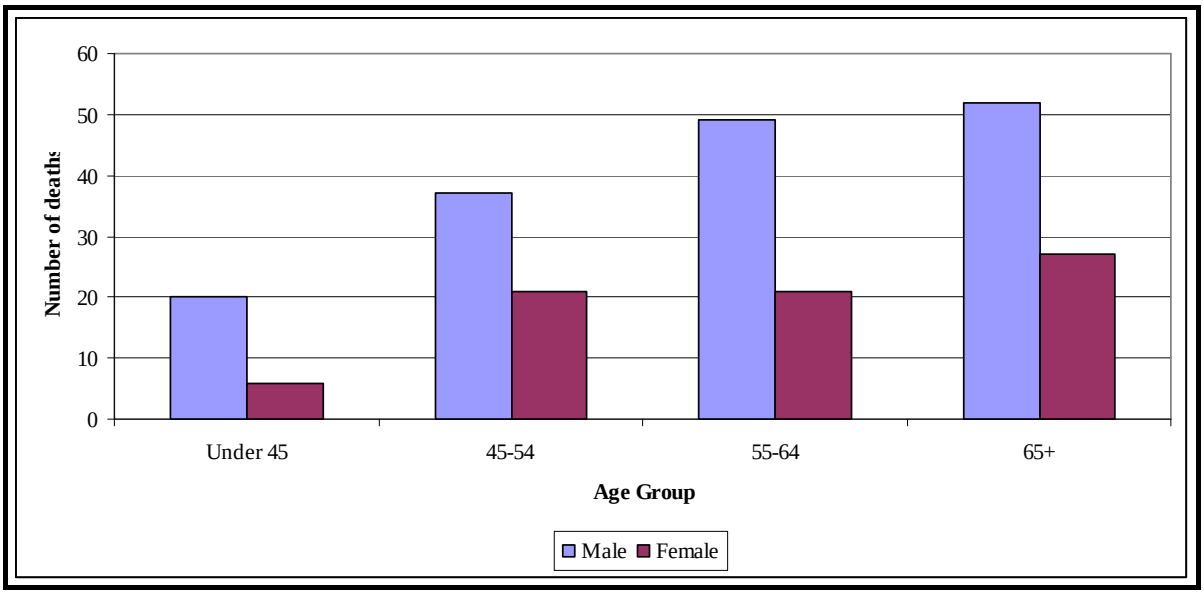


Figure 16: Perth & Kinross alcohol related mortality 1979 – 2010 Source: GRO Scotland

The rest of the analysis in this section uses the broader definition of an alcohol related death where alcohol can be mentioned in any of ten diagnosis positions. Due to small numbers, the total number of deaths over the last five years, have been analysed. In the period 2005-2010, there were 233 Perth & Kinross resident alcohol related deaths (an average of 29 per year). Figure 17 shows the demographics of those who died. Over two thirds of the deaths were males. The number of individuals dying increased with age.

Figure 17: Perth & Kinross alcohol related deaths by age and sex 2010



Source: GRO Scotland

The overall Perth & Kinross mortality rate for the period was 161.6 deaths per 100,000 population compared to the highest rate of 392.3 per 100,000 in Central, North Inch and South Inch and the lowest of 24.1 in Blair Atholl, Strathardle and Glenshee.

Examining alcohol related deaths by SIMD quintile shows that the rate of deaths from those in the most deprived areas is 5.4 times higher than those from the most affluent areas, thus confirming that although the least deprived have greatest consumption, the more deprived suffer the greatest health harm.

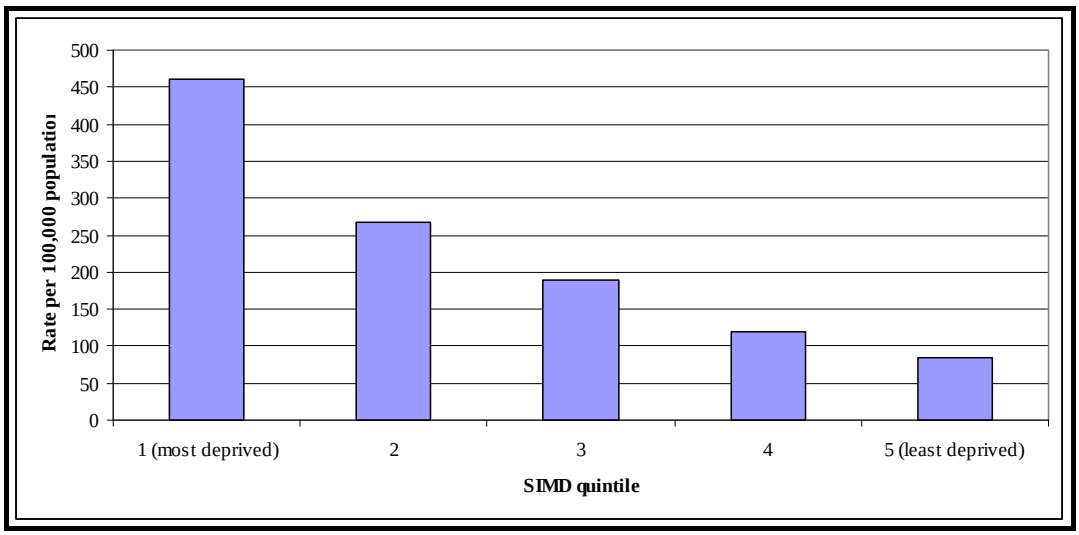


Figure 18: Perth & Kinross Alcohol related mortality rate by SIMD quintile 2010

Source: GRO Scotland

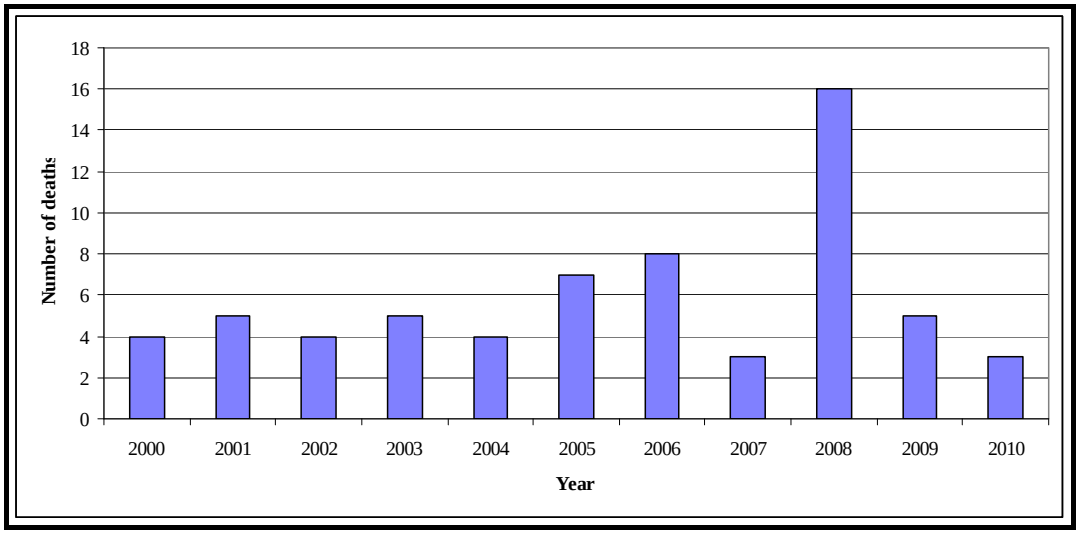
7.13 Drug related Deaths

The National Investigation into Drug Related Deaths (DRD) (2005) commissioned by the Scottish Executive and conducted by the Centre for Addiction Research and Education Scotland (CARES) examined the social, clinical circumstances and service contacts of those dying as a result of a drug related death in Scotland in 2003. This investigation and subsequent Scottish Advisory Committee on Drug Misuse (SACDM) report and recommendations (2005) identified the need to establish a local standing Drug Deaths Monitoring and Prevention Group that involved key agencies to reduce deaths under the auspices of local Alcohol and Drug Partnerships (ADPs). The Tayside Drug Death Review and Working groups were set up in 2008 with the aim of understanding and preventing drug deaths. The National Drug Deaths Database was also launched in January 2009, acting on a recommendation that had come from the National Forum for Drug Related Deaths. Data collected for local analysis is also reported to the national database.

The definition of a drug death is complex, with individual studies adopting specific definitions, which vary depending upon the focus of the study. The results presented here are taken from the figures released by GRO Scotland. More specific information can be found in the local report "Drug Deaths in Tayside, Scotland 2010".

In 2010, there were 3 drug related deaths in Perth & Kinross. Figure 23 shows the trends in drug deaths for the last 10 years. Although each death is unfortunate, numbers are small and so caution should be taken when considering fluctuations in the data. An analysis of changes over time can also be done grouping 5 years of data and then calculating the average annual number. Between 1996-2000 and 2006-2010, the number of deaths in Perth & Kinross had risen from 5 to 7. The annual average rate for 2006-2010 was 5 per 100,000 population.

Figure 19: Perth & Kinross drug related deaths 2000-2010



Source: GRO Scotland

Two of the drug related deaths had a 'drug abuse' diagnosis with the remaining death being classed as accidental self-poisoning. The main drug listed as the cause of death in Perth & Kinross was heroin/morphine.

8) Funding and Expenditure 2011/12

Funding Area		Expenditure
ADP Support - This funding is for the cost of the ADP support staff and running costs of the ADP.		
	Total	131,230
ADP expenditure on Drugs Misuse - This is the funding which the ADP allocates to drug related services.		
	Total	137,142
ADP Alcohol Misuse Expenditure – This is the funding which the ADP allocates to alcohol related services.		
	Total	468,487
TOTAL ADP Dugs & Alcohol Misuse Expenditure		**£736,859**
NHS Drugs Expenditure – This funding is related to the Substance Misuse Service, prescribing and psychological services costs.		1,750,000
NHS Alcohol Tayside Expenditure – This funding is related to the Substance Misuse Service, prescribing and psychological services costs.		1,441,286
Local Authority Drugs and Alcohol Expenditure – This funding is related to the Drug and Alcohol teams and criminal justice interventions.		1,371,256
Total Statutory Services Drugs and Alcohol Misuse Expenditure		**£4,562,542**
Overall Total		**£5,299,401**

9) Identifying Our Priorities

A local needs assessment carried out by the ADP identified a clear link with **deprivation** areas in Perth and Kinross and **children and young people impacted by parental substance** use. These deprivation areas are also impacted by higher levels of alcohol use and mental health than the more affluent neighbourhoods in the area.

We need to respond to these challenges and ensure resources are **directed towards the individuals, families and communities affected.** National and local research suggests that fewer children are starting to drink alcohol before the age of sixteen however those that do drink are drinking more. Perth & Kinross has a number of organisations involved in the delivery of alcohol and drug **education/prevention in schools and the community**. This includes well developed partnerships in some areas which are integrated into the community. Further work is needed to ensure that this work is replicated and focused on areas where substance use and the associated problems are likely to be more prevalent.

Perth & Kinross has seen an **increase in alcohol-related hospital discharges** particularly with 50 – 54 age range. Alongside this there is evidence to suggest that a large proportion of the adult population drink more than the recommended daily and weekly limits. This is not a problem limited to Perth & Kinross, although we are lower than national average. There needs to be a significant **change to people's behaviour and attitude** towards drinking if there is to be a reduction in the impact that alcohol use can have on people's health and wellbeing.

Drugs and alcohol-related **antisocial behaviour, violence and crime** can have a significant impact on the quality of life in our communities. Tackling offending behaviour, including any alcohol or drug dependency issue that sustains offending, is a high priority. The ADP acknowledges that alcohol and drugs cut across many aspects of the community. This ranges from alcohol-related disorder, the use of crime to fund a drug use. Targeting and addressing drug and alcohol issues would contribute directly towards preventing a significant volume of crime and antisocial behaviour.

There are the communities where health inequalities are most evident and where substance misuse has its greatest impact. We need to respond to these challenges and to ensure that resources are directed towards the individuals, families and communities affected by these issues. There is a need to target resources within particular areas with a focus on locality delivery. A number of current models lend themselves to this style of intervention:

- Equally Well – in Rattray and Letham
- 'Change is a Must' project
- CJS "Right Track Project"
- Resettlement Services
- Perth & Kinross Drug & Alcohol Team
- Barnardos Hopscotch
- Perth Prison and health and social care responsibilities to provide for the health care of prisoners?

Our action plan reflects these key areas of priority and identifies a number of key actions and targets.

10) Models of Good Practice & Innovative Services

Barnardos Hopscotch provides support to children and young people affected by parental alcohol and/ or drug misuse. The project delivers its services as part of an inter-agency approach to the whole family. After completing an assessment of the children/ young people's needs alongside their parents/ carers, they are offered a range of interventions to meet agreed outcomes. This may be through on-to-one support sessions with a worker; group based work and/ or matching up with a befriender/ mentor. The project is based around partnership working with social work and health staff to support parents in tackling their substance misuse. This aims to improve parenting skills and ability and to ensure the health and wellbeing of the child/ young person.

The Hopscotch project work with the Change is a Must (CIAM) who recently won the silver COSLA award.

Action Plan

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
1) Health - Outcome: More people are healthier and experience fewer risks as result of alcohol and drug misuse							
1.1	Acute services Treatment services	Ensure adults , young people with substance misuse problems have quick and easy access to harm reduction, treatment and recovery services	average waiting times for identified services Number of needles/syringes distributed. • Number of needles/syringes returned. • The amount distributed of following: citric acid, vitamin C, water, filters, sharps bins, wipes & swabs, spoons. • Number of blood spot tests and vaccinations are increased. • Rate of drug-related hospital discharges (three year rolling average • Rate of alcohol-related hospital discharges (three year rolling average) • Proportion of positive ABI screenings in ante-natal setting no. services offered with	90% of people into services within 5 weeks of referral	90% people into services within 3 weeks of referral	April 2013 - 15	ADP Lead Officer & ADP Information Officer

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
			recovery focus • no. people saying they have been supported through recovery				
1.2	Acute services Treatment services	Direct health and social care staff to include and demonstrate recovery principles in their 'treatment' services as follows: Ensure treatment is a platform for recovery Support clients with chaotic lifestyles to move in the direction they want consistent with recovery Develop peers as recovery capacity Promote the positive impact of recovery model. Develop training plan on identified gaps based on recovery audit	• no. services undergoing a recovery audit • no. services offering recovery development plans • Training plan to incorporate recovery principles	TBC	100% of services	2015	Social Work Drug & Alcohol Team Leader/ Substance Misuse Services (SMS) Team Leader/ Tayside Council on Alcohol (TCA) Manager

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
1.3	Housing PKC & partners	Establish an Integrated Housing Team (HIT) to support people with complex issues, including mental health, housing, offending behaviour	• no. people supported into recovery • no. people recovering after period of 6 months; 12 months; 24 months	TBC	TBC based on baseline	2015	PKC Housing Service Manager/ Social Work Drug & Alcohol Team Leader
1.4	Treatment Services & Mental Health Services	Establish an integrated substance misuse and mental health approach to support people with combined mental health substance misuse difficulties	• no. people supported into recovery • no. people with substance misuse problems receiving a mental health service • no. people recovering after period of 6 months; 12 months; 24 months	TBC	TBC based on baseline	2015	Senior Consultant Mental Health; SMS Consultant Lead / Social Work Drug & Alcohol Team Leader
1.5	Reducing drug-related deaths	Provide and promote overdose (O/D) prevention training to relevant stakeholders	• No. of training sessions organised • No. of Naloxone kits given to people at risk of opioid overdose • No. kits given to service providers. • No. kits given as re-supply	TBC	TBC	2015	ADP ADG Chair/ ADP Lead Officer

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
			and the reason for the re-supply. • No. non-fatal overdoses • No. drug deaths (GROS) figures				
2) Prevalence – Outcome: Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others							
2.1	Focus on Alcohol (FOA) Promote a prevention agenda "Whole population approach" to alcohol use to affect the culture of how we drink and how much we drink	Focus on Alcohol – Develop series of seasonal information events aimed at particular groups.	• Number of alcohol information campaigns • Number of media articles and engagement • Scottish Health Survey (Adult alcohol use) • ISD – Alcohol & Deprivation • ISD – General acute inpatient discharges	TBC	3 events 3 seasonal campaigns	2015 Annually	FOA Chair & Project Lead
2.2	Focus on Alcohol	Develop and target Focus on Alcohol initiative based on improving standards and service within Perth city premises. Work with Licence Board/Forum – to develop learning from results of West Dunbartonshire over provision model	• Number of new premises involved in "Best Bar None". • Number of premises upgrade their status from bronze, silver to gold • SALSUS Survey (13 & 15 year old alcohol use)	TBC TBC	TBC	2015 Annually	FOA Chair & Project Lead

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
		Establish local information on prevalence of drinking by young people	• Scottish Health Survey - % demonstrating change in attitude/behaviour re alcohol and drug use • Number of people served under the influence reported to police • Number of people underage served reported to police • Number of complaints relating to premises reported to police				
2.3	Focus on Alcohol (FOA) Support the delivery of 'alcohol brief interventions' (ABI's) to people at risk of developing alcohol problem	Develop training – To increase the number of trainers to services and expand the range of agencies delivering alcohol brief interventions	• Number of trainers recruited • Number of training sessions to targeted providers • Heat Target 4 – number of ABI's being delivered in the area • No. alcohol-related deaths • The proportion of individuals drinking above daily and/or weekly recommended limits • The proportion of individuals drinking above	TBC	TBC Reduce by 5% Reduce by x % Reduce by x %	2015	FOA Project Member & Project Lead

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
			twice daily recommended limits (binge drinking)				
2.4	ADP Children & Young people Group (ADP CYP)	Review activity of schools and services engaged with hard to reach groups Ensure practitioners are well informed on substance misuse issues, to support work with vulnerable children and young people Develop community capacity builder and youth worker role in supporting prevention and early intervention in alcohol and drug misuse	• No. young people more informed about drugs / alcohol and risk behaviour • No. young people demonstrating a change in behaviour re alcohol/drug use • % of 15 year old pupils who usually take illicit drugs at least once a month • Proportion of 15 year olds drinking on a weekly basis • No of professionals who feel well-informed to deliver advise and support	TBC	% of schools/ services reviewed	2015	ADP CYP Chair/ ADP Development Officer
3) Recovery – Outcome: More individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use							
3.1	ADP ADG & ADP CYP Groups and Community Planning Partners (CPP)	Develop "PLACE" agenda in Letham with relevant partners. Develop a model of community based recovery in area of high priority need	• No. individuals and families affected by alcohol and drug misuse involved in Equally Well initiative • No. young people reporting stabilised or reduced substance misuse	TBC TBC	TBC Increase	2015	ADP Education & Children's Services

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
3.2	ADP ADG Treatment Services / Moving On Service (CAIR Scotland)	Support and promote the Employability Network and Training	• No. people in volunteering; training and employment with substance misuse problems	TBC	All treatment services	2015	Planning & Policy Officer (PKC)
3.3	ADP ADG & Open - Reach Forum	Ensure staff across agencies/ communities in Letham are aware and knowledgeable about the recovery agenda; make sure staff and community events have recovery publicity/information	• % of sample of events displaying materials • No. recovery champions recruited in Letham • No. people more informed about recovery	TBC	Area of high priority need	2015	ADP Development Officer / Openreach Chairperson
3.4	ADP Performance & Management Group	Create a recovery orientated integrated system (ROIS)based on Letham pilot area	• No. people in Letham pilot moving on from direct services into community recovery	TBC	Increase	2015	ADP Lead Officer
4) Families – Outcome: More children & family members who are affected by alcohol and drugs are safe, well- supported & have improved life chances							
4.1	ADP & Child Protection Committee (CPC)	Ensure implementation of 'Getting Our Priorities Right' 2 is articulated within the GIFEC and Child Protection models Develop and implement training of GOPR 2	• Number of staff attending • % positive evaluations of impact of training from staff across all agencies	TBC	Services updated	2015	ADP Lead Officer / CPC Co -ordinator

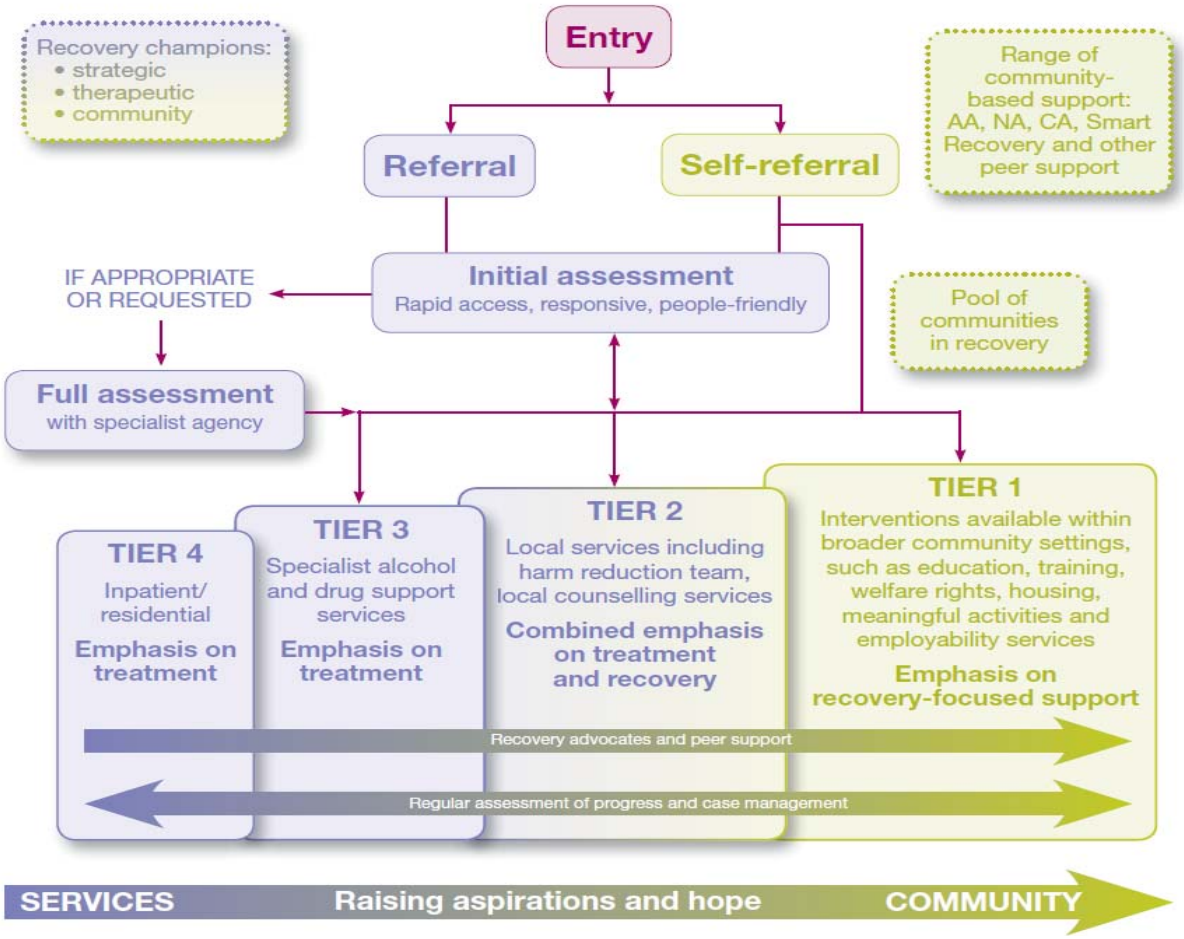
Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
4.2	ADP CYP & ADP AD Groups	Increase **Early Intervention** by all agencies, for all ages. Continue to develop **Preventative Services,** in communities - for communities, by fully engaging with them at an early stage Ensure proportionate responses in line with GIRFEC principles for children and young people Ensure services for Children and young people are in line with the strategy and locally developed planning	Mapping completed Recommendations reviewed based on GIRFEC indicators	TBC	Integrated service working	2015	ADP CYP Chair
4.3	ADP CYP Group	Building parenting skills and family capacity to support children through implementation of the parenting and Early Years strategies Develop interagency training and integrated approaches to work, particularly in the areas of substance misuse, mental health, criminal justice which supports integrated working	• No. families referred • Improved parenting capacity • Improved supportive environment for children • Improved participation in family activities • Improved protection of children • Improved mental health & well being • Reduced impact of parental substance misuse on	TBC	High Tariff Families	2015	ADP CYP Chair

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
			children				
5) Community safety – Outcome: More communities & individuals are safe from alcohol/drug-related offending and anti-social behaviour							
5.1	Community Justice Authority (CJA) / Youth Justice Partnership (YJP)	Reduce the reconviction rate of short term prisoners by 4% by 2014, through their successful re – integration into the community by addressing health, homelessness substance misuse and employability	• Reduce reconviction rate within population of short term prisoners - measure within 6 months of release and within 12 months of release	TBC	- 2%	2012 - 2013	Community Safety Service Manager
5.2	CJA /YJP	Reduce the conviction rate for young offenders (16 – 21) through early intervention, such as diversion structured deferred sentence	• Reduce reconviction rate of young male and female offenders • Reduce reconviction rate of young male and female offenders serving custodial sentence • Reduce overall reconviction rate of male and female rates community and custody	TBC	49% male; 35% female	2015	Community Safety Service Manager

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
5.3	Treatment Services	Identify no. offenders whose offending behaviour is linked to alcohol and drug use and ensure each offender has a treatment plan	• No. and % offenders whose offending behaviour is linked to alcohol and/or drug use with a treatment plan	*TBC*	Increased health	2015	Prison Health Care Service Manager; TSMS Team Leader; Drug & Alcohol Team Leader
6) Local environment – Outcome: More people live in positive, health promoting local environments where alcohol and drugs are less readily available							
6.1	ADP ADG / ADP CYP	Expand Equally Well model into Letham, Perth to build community resilience	•No. individuals and families supported through network to manage/ reduce substance misuse	TBC		2015	ADP ADG & ADP CYP Chairs
6.2	ADP	No. local projects which support alcohol/drug misuse	• No. of projects	TBC		2015	ADP ADG & ADP CYP Chairs
6.3	ADP Finance & Commissioning Group	Use Integrated Resource Framework (IRF) information to target resources	• Analysis of resources used within appropriate areas by health and social care and recommendations for future expenditure	TBC		12 months	ADP Finance & Commissioning Group Chair
7) Services – Outcome: All alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery							
7.1	ADP ADG / ADP CYP	Prepare an organisational development plan across agencies	• Plan created	TBC		2015	ADP ADG & ADP CYP Chairs; ADP

Ref	Area	Action	Performance indicator	Baseline	Target	Timescale	Lead Officer
							Lead Officer
7.2	ADP ADG / ADP CYP	Identify current services available and evaluate against criteria designed to support recovery: empowerment, connected to community outreach/support, family support.	• Projects with high scores against recovery checklist criteria	TBC		2015	ADP Lead Officer & Figure 8 Director
7.3	Open Reach Forum	Carry out annual evaluation of services, including use of self evaluation and user feedback	• Service evaluations carried out and reported	TBC		2015	ADP Development Officer / Openreach Chair Person

Appendix 1


Recovery champions:
• strategic
• therapeutic
• community
Entry
Range of community-based support: AA, NA, CA, Smart Recovery and other peer support
Referral
Self-referral
IF APPROPRIATE OR REQUESTED
Initial assessment
Rapid access, responsive, people-friendly
Pool of communities in recovery
Full assessment
with specialist agency
TIER 4
Inpatient/ residential
Emphasis on treatment
TIER 3
Specialist alcohol and drug support services
Emphasis on treatment
TIER 2
Local services including harm reduction team, local counselling services
Combined emphasis on treatment and recovery
TIER 1
Interventions available within broader community settings, such as education, training, welfare rights, housing, meaningful activities and employability services
Emphasis on recovery-focused support
Recovery advocates and peer support
Regular assessment of progress and case management
SERVICES
Raising aspirations and hope
COMMUNITY